

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-04-3775.M4

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 5-19-03.

I. DISPUTE

Whether there should be reimbursement for CPT code 22899.

II. FINDINGS

- a. On June 10, 2003, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.
- b. On 9-25-02, the requestor billed \$19,750.00 for CPT code 22899 X2 for IDET at L4-5 and L5-S1. The insurance carrier paid \$2465.63. The respondent reduced payment based upon, "M- No MAR."
- c. The TWCC's Medical Fee Guideline has set a MAR of DOP for CPT code 22899.
- d. Section 413.011(b) of the Act states, "Guidelines for medical services must be fair and reasonable and designed to ensure the quality of medical care and to achieve effective medical cost control. The guidelines may not provide for payment of a fee in excess of the fee charged for similar treatment of an injured individual of an equivalent standard of living and paid by that individual or by someone acting on that individual's behalf. The commission shall consider the increased security of payment afforded by this subtitle in establishing the fee guidelines."
- e. The requestor did not support position that amount billed complied with Section 413.011(b).

III. RATIONALE

The requestor failed to submit billing and payment records to support fee dispute in accordance with Section 413.011(b), and to challenge insurance carrier's position that amount paid was not fair and reasonable.

IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT code 22899.

The above Findings and Decision are hereby issued this 20th day of January 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division